



Application for Graduate Admission

Have you ever registered or taken courses at the University of Alberta: ☐ Yes ☐ No

If yes, University of Alberta ID Number _____

Are you currently enrolled at the University of Alberta: ☐ Yes ☐ No

Surname	
First Name and Middle Name(s)	
Former Name (if applicable)	
Date of Birth month day year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship	
First Language	Other Languages

Street Address, Apartment Number, Box Number		
City or Town and Province		
Country and Postal Code (if not Canada)		
Canadian Postal Code	Home Telephone	Business Telephone
Fax	E-mail	

☐ Canadian Citizen

☐ Permanent Resident
Effective date:

month	day	year

☐ Student Visitor
Date authorization obtained:

month	day	year

☐ You have or will be applying for a student authorization.

☐ Other (specify)

month	day	year

Name		Relationship
Home Telephone ()	Business Telephone ()	

Where do you consider to be your hometown if different from your correspondence address?

City or Town and Province	
Country	Postal Code
	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Do you wish to declare that you are of Aboriginal ancestry within the meaning of the Constitution Act of 1982? If so, please specify

☐ Status Indian ☐ Métis ☐ Non-status Indian ☐ Inuit

Proposed start date: _____ year _____

☐ Fall (September) _____

☐ Winter (January) _____

☐ Spring (May) _____

☐ Summer (July) _____

<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time	<input type="checkbox"/> Thesis-based or <input type="checkbox"/> Course-based
<input type="checkbox"/> Campus-based or <input type="checkbox"/> Distance-based (if applicable)	
Department	
Area of Specialization (if applicable)	

Admission is requested as follows:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> PhD | <input type="checkbox"/> MBA/MEng | <input type="checkbox"/> MPharm |
| <input type="checkbox"/> EdD | <input type="checkbox"/> MBA/PhD | <input type="checkbox"/> MSc |
| <input type="checkbox"/> DMus | <input type="checkbox"/> MDes | <input type="checkbox"/> MSLP |
| <input type="checkbox"/> LLM | <input type="checkbox"/> MEd | <input type="checkbox"/> Postgraduate Diploma |
| <input type="checkbox"/> MA | <input type="checkbox"/> MEng | <input type="checkbox"/> Special Graduate Student |
| <input type="checkbox"/> MAg | <input type="checkbox"/> MF | <input type="checkbox"/> Visiting Graduate Student |
| <input type="checkbox"/> MBA | <input type="checkbox"/> MFA | |
| <input type="checkbox"/> Executive MBA | <input type="checkbox"/> MLIS | |
| <input type="checkbox"/> MBA/LLB | <input type="checkbox"/> MMus | |
| <input type="checkbox"/> MBA/MAg | <input type="checkbox"/> MN | |
| <input type="checkbox"/> MBA/MF | <input type="checkbox"/> MPH | |

4 Previous and Current Education

Please provide a complete listing of all postsecondary institutions you have attended or are currently attending. (Attach additional sheets as required.)

Name of Institution	Location	From		To		Name of Degree/Diploma Program	Degree Conferred	
		year	month	year	month		Yes/Date	No

Have you ever been required to withdraw from an academic program? ☐ Yes ☐ No

If yes, state date, reason, and name of institution _____

Will you be receiving financial assistance? (Specify name of award, scholarship, etc.) _____

Do you need financial aid? ☐ Yes ☐ No

5 Educational Tests TOEFL, TSE, MELAB, IELTS, CAEL, GMAT, MAT, GRE

If you have taken any educational tests, enter the name(s) and date of last writing or date to be written.

Test Name	Number of times test taken	Date of last writing or to be written	Score

6 Declaration

I agree, if admitted to the University of Alberta, to comply with University regulations. I certify that the information in this application is true and complete in all respects and that I have withheld no information. I authorize the University to verify any information provided as part of this application. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behaviour and/or the Criminal Code of Canada. The personal information requested on this form is collected under the authority of section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for the purpose of determining eligibility for university admission and/or the administration of academic programs and student services. For information about the collection and use of this information contact the Faculty of Graduate Studies and Research at (780) 492-3499. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Applicant's Full Name	
Applicant's Signature	Date of Application

University Use Only Department Recommendation	
<input type="checkbox"/> Admit <input type="checkbox"/> Refuse	
<input type="checkbox"/> Admit with commentary or note on admission to read as follows: _____ (eg., requires official transcript, completion of degree. Do not use for conditions of probation.)	
Program	
<input type="checkbox"/> Provisional PhD	<input type="checkbox"/> Thesis-based Master of _____
<input type="checkbox"/> Provisional EdD	<input type="checkbox"/> Course-based Master of _____
<input type="checkbox"/> Provisional DMus	<input type="checkbox"/> Special (include Manual Registration form)
<input type="checkbox"/> Qualifying (Attach proposed description of program to address deficiencies)	<input type="checkbox"/> Visiting (include Manual Registration form)
<input type="checkbox"/> Probationary - Thesis-based (Attach conditions of probation)	<input type="checkbox"/> Postgraduate Diploma
<input type="checkbox"/> Probationary - Course-based (Attach conditions of probation)	
Proposed start date	
<input type="checkbox"/> Fall (September) Year _____	Department
<input type="checkbox"/> Winter (January) Year _____	Signature of Chair or Graduate Coordinator
<input type="checkbox"/> Spring (May) Year _____	Date
<input type="checkbox"/> Summer (July) Year _____	FGSR Approval and Date Coded